

Appendix 3: Joint Health and Wellbeing Strategy progress report, November 2016 – November 2017

This progress report provides an overview of areas where we achieved and did not achieve our targets as set out in the Joint Health and Wellbeing Strategy (2015 – 2020) as well as providing a narrative for the Barnet Health Profile for 2017. Based on our progress, recommendations are made for areas of focus for the next year (to November 2018).

Theme	Preparing for a healthy life
Objectives	Improving outcomes for babies, young children and their families
Areas of focus	<ol style="list-style-type: none"> Improving the health & wellbeing of Looked After Children <ul style="list-style-type: none"> Target <ol style="list-style-type: none"> All initial health assessments completed within time frame (20 days) Review Health assessments for children looked after for a year or more Increase the proportion of locally placed looked after children – to at least 46% (2017/18) to 53% (2019/20) Continue to closely monitor the provider including staff vacancies. Increasing the uptake of childhood immunisations <ul style="list-style-type: none"> Target – Increase uptake of childhood immunisations to be above the England average HWBB to receive regular reports from NHSE, scrutinising performance against targets and NHSE and local remedial action plans. Early years review <ul style="list-style-type: none"> Target - The council (including Public Health) will work with Barnet CCG to further integrate the service offer of health-related services in early years settings, improving service delivery for families.
What did we achieve?	<ol style="list-style-type: none"> Improving the health & wellbeing of Looked After Children <ul style="list-style-type: none"> It is a statutory requirement that all children have an Initial Health Assessment (IHA) within 20 working days (28 calendar days) of coming into care; the target is for over 95% to be completed within the timescales. Data from 2015/16 and the beginning of 2016/17 showed that this was only the case for 30% of children coming into care. <ol style="list-style-type: none"> Significant improvements have been seen on IHA performance in 2017 (being within statutory timeframes):

- 50% in January
- 19% in February
- 92% in March
- 100% in April
- 93% in May
- 79% in June
- 86% in July
- 100% in August

- b) All review health assessments (RHAs) have been completed within the timescales. All health assessments are young person-led and focus on the child. Improvements can be attributed to:
- Clearly documented process, with timescales, communicated to all professionals involved to avoid performance slipping
 - Commissioners increased monitoring and implemented an improvement plan which included regularly meeting with GP practices
 - The nursing team increasing the number of reminders that young people and foster carers receive prior to the appointment which includes calls and emails the day before the appointment
 - Improved communication and working between CLCH and children's social care
 - Previously key workers were reporting that no-one was able to attend appointments with the young people, this issue has now been resolved
 - Independent Reviewing Officers are now involved in any key issues, this has been particularly helpful for out of borough placements
- c) The CCG Executive, in August 2017, agreed an increase in resource for the LAC Health team for an additional Band 7 nurse, likely to start November/December. This will enable the Designated Nurse to focus on more strategic work for example overseeing the paediatric model for IHAs, following up on the most vulnerable CYP (including children and young people with SEND) and improving the offer for care leavers.
- **Paediatric model for IHAs for LAC aged 0 – 9** - In March 2017, the CCG Executive approved the move to a paediatric model for IHAs for children aged 0 – 9. Currently IHAs are completed by GPs. It is best practice for these to be

	<p>completed by paediatricians, particularly for young children due to the identification of developmental delay, working with cases of neglect and providing a continued point of contact</p> <ul style="list-style-type: none"> ○ From September 2017, 0 -2s coming into care have been seen by a paediatrician; initial feedback is positive from all stakeholders and the service will continue to be monitored. <p>2. Increasing the uptake of childhood immunisations</p> <ul style="list-style-type: none"> • Supporting the national immunisation campaign and promotion of childhood immunisations throughout the year to GP's, children centres, front line staff and volunteers. Includes sharing information and campaign resources with children centres through quarterly news letters • Improving and increasing awareness amongst GP's and practice managers (using the GP bulletin and Practice Manager bulletin) of the MMR 2 coverage to improve uptake and achieve 95% coverage target • Delivery of childhood immunisations training to all children centres • Utilised MECC (making every contact count) training to engage and train front line staff and volunteers for brief interventions on childhood immunisations • Awareness raising with Barnet residents by updating the Barnet PH children's webpage to include information on immunisations and immunisations schedule <p>3. Early years review</p> <ul style="list-style-type: none"> • Development of Integrated Hubs for Children, Families and Young People • Also kept continued good registration and access of targeted families at children's centres • Successful delivery of the peri-natal health coaches programme • Launched in September the 30 hour offer for 3 and 4 year olds as per DfE requirements
Where are the gaps?	<p>1. Improving the health & wellbeing of Looked After Children</p> <ul style="list-style-type: none"> • Improve the quality of Initial Health Assessments • To improve the quality of IHAs the Designated Doctor and Designated Nurse for LAC will be: <ul style="list-style-type: none"> ○ Working with social workers to improve the information provided to GPs and

	<p>paediatricians completing IHAs regarding the child's history</p> <ul style="list-style-type: none"> ○ Completing an audit of IHAs and feeding back to GPs (by December 2017) ○ Providing training to GPs (November – December 2017) <p>2. Increasing the uptake of childhood immunisations</p> <ul style="list-style-type: none"> ○ Uptake and data quality require further improvement <p>3. Early years review</p> <ul style="list-style-type: none"> • The take up of free two year old places achieved is 60% for the 2016/17 academic year. There is a clear strategy to improve the upward trajectory and it is anticipated that take up will increase.
What remains a priority? (suggested areas of focus up to November 2018)	<p>1. Improving the health & wellbeing of Looked After Children to continue as a priority for 2018</p> <ul style="list-style-type: none"> • Working with social workers to improve the information provided to GPs and Paediatrician completing the "Initial health assessments" regarding the child's history • Completing an audit of "Initial health assessments" and feeding back to GPs (by December 2017) • Providing training to GPs (November – December 2017) • Special educational needs and disability "SEND" – embedding the SEND reforms <p>2. Increasing the uptake of childhood immunisations</p> <ul style="list-style-type: none"> • Working to increase the uptake of all pre-school boosters amongst the under 5s • To increase the uptake of flu immunisation amongst 2 and 3 year olds and pregnant women during autumn and winter seasons • To maintain messaging to health professionals including GPs, children's centre staff, midwives, in order to increase uptake and keep them up to date on latest policy and guidance • Support national immunisation campaign at local level • To take part and support NCL immunisation assurance programme <p>3. Early years review</p> <ul style="list-style-type: none"> • Continue roll out of Early Years hubs in Barnet.

Theme	Wellbeing in the community
Objectives	Creating circumstances that enable people to have greater life opportunities
Areas of focus	<p>4a. Child and Adolescent Mental Health Services (CAMHS)</p> <ul style="list-style-type: none"> • In order to improve CAMHS provision, Barnet CCG and Barnet Council agreed to jointly recommission CAMHS at the HWBB in September 2016 • Public health supported the redesign of CAMHS; developing a programme of work based on the Thrive Model. The approach aimed to improve access to services by improving sign posting, self-management and enabling one off contact in order to improve coping mechanisms in children and young people. <p>4b. Adult mental health services</p> <ul style="list-style-type: none"> ○ The priority area was to develop new service models that provided earlier intervention, recovery and different ways of working. <p>5. Employment</p> <ul style="list-style-type: none"> • Increase the proportion of adults in contact with secondary mental health services in paid employment. • Increase the proportion of adults with learning disabilities in paid employment • Planned actions: <ul style="list-style-type: none"> ○ Developing the market and engaging with providers not yet operating in the borough and procuring an approved list in 2017 ○ Embed employment in care plans – develop the role for brokerage in securing employment pathways, embedding strengths based practice and continue to develop the Mental Health Enablement model ○ Raising quality of provision within existing day-care – including the Your Choice Barnet transformation and hold Job Coaching and Brokerage Skills training(delivered by British Association for Supported Employment) • The Council as a public sector leader - leverage to create job opportunities through contracting and becoming a disability confident employer
What did we achieve?	<p>4a. Child and Adolescent Mental Health Services - (CAMHS)</p> <ul style="list-style-type: none"> • Procurement has been delayed due to negotiations in regard to BEH NHST Trust. • Transformation of services supported by the Barnet allocation for CAMHS Transformation Fund (NHS England) has continued outside of the procurement programme. Through targeted resourcing and a waiting times reduction programme,

Barnet has reduced the number of young people waiting for treatment for over 12 weeks from 119 to 65 and average waiting times reduced from 131 days to 90 days (30th September 2016 to 30th September 2017). In addition Barnet has developed new 'Early Help' services and programmes including:

- Resilient Schools Programme-jointly led between BCCG and Barnet Public Health
 - Kooth 'Online Counselling and Support' which has been used by 120 young people in the first month (June 2017)
 - Emotional Wellbeing Team (part of Resilient Families Service-Barnet Council)
 - CVS Partnership 'Space2Grow' fund with Young Barnet Foundation
 - Raphael House (a local CVS) Counselling Project
 - Specialist Education Psychology provision for Youth Offending Service
 - The above programmes combined will provide emotional wellbeing and mental health support to an additional 500+ young people by June 2018, primarily for those children and young people who would not have met the CAMHS clinical threshold
- Planned activity:
 - The CAMHS Transformation Plan 2015-2020 is being refreshed and will be presented to JHWB in January 2018
 - Two new posts have been created with the Youth Offending Service – 1. Clinical Psychologist (starts 6th November 2017) and Mental Health Liaison and Diversion Worker (interview November 2017)
 - Space2Grow funded projects to begin November 2017

4b. Adult mental health services - Different ways of working with secondary and primary care for adults mental health services:

- The Barnet Wellbeing Hub was established and its impact monitored
- Work was carried out to improve talking therapies, with the aim that IAPT services will become part of the Wellbeing Hub
- The Council remodelled its mental health workforce to focus on recovery and expanded the Network mental health enablement service to offer mental health enablement and recovery support to more people.

The Reimagining Mental Health Programme is continuing, organisations are continuing to

work collaboratively, with minimal investment in transformation, to deliver improvements for individuals via primary care with dedicated BEH Mental Health Trust Primary Care MH Linkworkers and from community providers following a social prescribing model. The Linkworker team comprises Psychiatrists, Psychologist, Social Worker, Occupational Therapists, Mental Health Nurses, Graduate Mental Health Workers

- There have been fewer referrals to secondary care, especially to crisis care and mental health liaison
- Linkworkers are embedded in the new Wellbeing Collaborative delivering wellbeing services to people across Barnet. Organisations are working closely with commissioners to ensure that social prescribing sits alongside clinical and social care support
 - Coverage has been rolled out across all Barnet localities and referrals have been received from all 62 practices
 - Lead GPs in each locality promote the direct benefits of the Linkworker and integrated service to their colleagues
 - Linkworkers attend locality and community meetings to promote the service
 - Patient feedback continues to be positive – “It was really good that you came to the doctor’s surgery” and “It was very good. I now know what is available and how I can progress”

Most significant and measurable results:

- Achieved 40% reduction in referrals to secondary care from South Barnet since commencement of linkworker service (first quarter)
- Average of 94% of a total 225 referrals to linkworkers were acknowledged within 24 hours and were contacted within 5 working days in the first quarter of operation
- There has been a reduction to average length of stay with the Crisis Resolution Home Treatment Team since the introduction of Linkworkers, suggesting that people are able to be discharged sooner back to the care of their GP and can be stepped up as required
- Presentations to Psychiatric liaison in A&E remained high in January and February from the North Locality. Despite this increase at the beginning of the year, the overall picture has since been lower across all areas since prior to the Link Working service starting. This has reduced the incidence of breaches in the 1 hour target at Barnet Hospital and reduced presentations at the Royal Free, Hampstead

	<ul style="list-style-type: none"> • The Network has developed stronger links with the Wellbeing Hub and has established a weekly joint referral meeting and a drop-in session for the Wellbeing centre at the Network building. The service is recruiting a Peer Support worker to work with the wider wellbeing services. • Emotional health checks are being delivered by Wellbeing Practitioners across Barnet following staff training and referrals have increased at a pace since February. • More than 40 organisations are lead and delivery members of the Wellbeing Hub, which is currently based at the Meritage Centre in Hendon. Staff in all voluntary sector organisations has been trained in Emotional Health Checks which only need to be delivered once before individuals are supported with their individual “social prescribing” plan to access the support they need. People are supported to access a range of options based on the issues they themselves want to address. Individuals are still reporting high satisfaction with the service and further development of 3rd Sector High volume web-based IAPT services have been in test phase throughout September and October from digital provider Mind Time Therapies working with CommUNITY Barnet and results are proving positive. • The new IAPT provision, Let’s Talk IAPT began operating from 1st October 2017 and is working closely with GPs, Linkworkers and the Wellbeing Hub to receive referrals. They also have partners the Multi-lingual Wellbeing Service (own-language IAPT service) and Twining Enterprise IPS (Employment Support) working with them to deliver integrated support to people with common mental illness • Barnet is part of the London Digital Mental Wellbeing is a two year programme to develop, test and evaluate a 24/7 digital mental wellbeing service. The service is began its pilot phase in May 2017 and is expected to be available more widely before the end of the year. • Community Centred practice – aims to improve community wellbeing through community champions in General Practice The programme is now taking place in five surgeries - due to a surgery closure - and one in a care home. We now have over 60 champions providing a wide range of activities across five surgeries including walking
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	<p>groups, story time for children, diabetes self-help and gardening.</p> <p>5. Employment - Increase the proportion of adults in paid employment</p> <ul style="list-style-type: none"> • Proportion of adults in contact with secondary mental health services in paid employment was 7.6 % at quarter 4 (2016/17) against a target of 7.2% for 2015/16 • The council have commissioned new employment support and employment retention services, for working age adults with social care needs. The services will be available from November 2017 • The council have commissioned new day opportunity provision for people with learning disabilities and autism, which will support people to develop their life skills, increase their confidence and progress them on their pathway to employment • BOOST- The council continues to work with partners to promote employment and skills. In the first quarter of 2017/18 BOOST Childs Hill launched- this takes the multi-agency approach to the south of the borough. BOOST Burnt Oak continues to develop and is now working side by side with around 14 other organisations on a sessional basis at the library. Together the teams have engaged over 400 residents and supported over 100 into work. • In this period the Council has brought two additional employment to the borough: the Skills Escalator which aims to help people who are in work to find a better job and the Mental Health and Employment Trailblazer which supports people with common mental illness to find work. • The borough's largest learning disability provider, Your Choice Barnet, transformed its services to focus on access to employment and increasing independence in the community. New employment support and retention teams were established, working with 22 service users initially of which 10 users gained employment and 8 started volunteering to date.
Where are the gaps?	<p>4a. Further work is needed on the development and quality improvement of Child and Adolescent Mental Health Services (CAMHS)</p> <p>4b. Performance improvement of IAPT services</p> <p>5. Employment – ensuring as many people as possible are support to access new services and employment opportunities.</p>
What remains a priority? (suggested areas of focus up to November 2018)	<p>4a. Child and Adolescent Mental Health Services (CAMHS)</p> <p>4b. Focus on mental health and wellbeing by</p> <ul style="list-style-type: none"> • Undertaking formal post-implementation evaluation of the “Reimagining Mental

	<p>Health” programme</p> <ul style="list-style-type: none"> • Closely monitoring transferred “Improving access to psychological therapies” services and work towards improving access targets • Working on wider wellbeing as part of the ThriveLDN initiative <p>5. support disabled people to gain and retain employment by</p> <ul style="list-style-type: none"> • Implementing new employment support and retention services for adults with mental health needs and learning disabilities • Ensuring the mental Health Network provides mental health recovery and enablement to all eligible residents who would benefit • The BOOST team to continue working with partners to promote employment and skills • The “Employment Trailblazer to continue support people with common mental health illness to find work and to support “Improving access to psychological therapies” • Your Choice Barnet rolling out new employment support and retention support for people with learning disabilities (PWLD) • Recommissioning universal access employment support for people with autistic spectrum conditions and PWLD
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Theme	How we live
Objectives	Encouraging healthier lifestyles
Areas of focus	<p>6. Reduce excess weight in children (10-11 years old) & in Adults (overweight and obese)</p> <p>Target: reduce excess weight in adults and children</p> <ul style="list-style-type: none"> • Develop and agree an Obesity Strategy and Action plan • Establish the Fit and Active Barnet Partnership • Through a multi-agency approach (Saracens Sport Foundation, England Athletics, LBB, Barnet Partnership for School Sport and MDX University) primary schools were encouraged to increase physical activity levels by participating in the Mayor’s Golden KM Challenge, encouraging 15 minutes of physical activity every day. Seven schools engaged with the pilot phase and the initiative is currently recruiting more primary schools, focusing on recruiting PH 'priority schools' (schools with the highest prevalence of overweight and obese children according to the National Child Measurements Programme)

	<ul style="list-style-type: none">• Focus on the built environment and how we can maximise the built environments role in encouraging healthy lifestyles for all residents• A new leisure management contract to be developed with an increased focus on public health outcomes. A formal procurement process commenced in October 2016, a successful bidder will be appointed in October 2017 and the new contract will commence on 1 January 2018 <p>7. Increase screening uptake</p> <ul style="list-style-type: none">• To increase screening uptake• PH to work with PC colleagues in CCG and NHSE to explore local actions to improve uptake						
What did we achieve?	<p>6. Reduce excess weight in children (10-11 years old)</p> <ul style="list-style-type: none">• Barnet has developed a successful & cost-effective weight management programme• The Healthy Weight Nurse (HWN) service: 31% lost weight and 69% who were known to reduce or maintain their BMI in 16/17• Alive 'n' Kicking (ANK): 80% either reduced or maintained BMI z-score. This includes ANK afterschool Programmes, 1:1 and SEN Programmes• Successful behaviour change in parents:<ul style="list-style-type: none">○ 81% of parents accessing the ANK service increased their confidence in reading and understanding labels and changed their behaviour○ 100% made positive improvements to their eating behaviours○ 100% reduced their consumption of junk food○ 80% increased fruit consumption○ 60% increase physical activity – the most popular being walking and swimming○ 60% reduced screen time (including TV and computer time)• Supported vulnerable children: The HWN service had 13 (21%) of children on the caseload who presented with Autistic spectrum conditions. 5 (8%) of children presented with Learning disabilities and 43 (71%) were vulnerable with a safeguarding plan. <p>Reduce excess weight in adults (overweight and obese)</p> <table><tr><th>Year</th><th>Target</th><th>Reported</th></tr><tr><td>2016/17</td><td>56.8%</td><td>Current (2016/17 quarter 2) – 56.75%</td></tr></table>	Year	Target	Reported	2016/17	56.8%	Current (2016/17 quarter 2) – 56.75%
Year	Target	Reported					
2016/17	56.8%	Current (2016/17 quarter 2) – 56.75%					

	<ul style="list-style-type: none"> • The development of the Healthier catering Commitment continues to develop successfully with a focus on takeaways and food suppliers. There has also been successful liaison with Kocher providers to tackle healthier supply issues. • Tier 1 and tier 2 weight management services have been integrated into the new leisure contract to start in January 2018 <p>7. Increase screening uptake PH continues to work with PC colleagues in CCG to explore local actions to improve uptake</p> <ul style="list-style-type: none"> • In partnership with Jo's Trust, Public Health put together a series of events and activities to promote awareness uptake of cervical cancer screening • A diabetes awareness campaign was conducted the week of 12th June 2017. This included a partnership event at Brent Cross co-ordinated by Cllr Stock where approximately 100 people completed a risk assessment questionnaire and 8 people were identified with diabetes • A Diabetes UK information stall was set up outside Edgware Broadwalk shopping Centre and Millway Medical practice offered diabetes testing and advice to Barnet residents. Approximately 20 people had blood tests. • Instructors were placed at 11 outdoor gyms across the borough and councillors joined residents in an Oakhill Park Run to raise Diabetic Awareness • Prevention and Wellbeing Training based on the Making Every Contact Count (MECC) principles has been delivered
Where are the gaps?	<p>6. Continue to work to reduce excess weight in children (10-11 years old) & in Adults (overweight and obese, a refreshed action plan will be presented to the HWB in early 2018.</p> <p>7. Continue to work to increase screening uptake. This requires continued focus and improvement.</p>
What remains a priority? (suggested areas of focus up to November 2018)	<p>6. Reduce excess weight in children (10-11 years old) & in Adults (overweight and obese)</p> <ul style="list-style-type: none"> • Improving current services based on children's Tier 2 service evaluation recommendations • Improving the current 0-19 Healthy Weight Care pathway to ensure that it reflects all services available within Barnet • Re-commissioning Tier 2 weight management services (as contracts are due to expire

	<p>on 31st March 2018)</p> <ul style="list-style-type: none"> • Developing and implementing healthy weight action plans for “children & young people” (CYP) and adults • Implementing a new range of opportunities for Barnet residents to be physically active through the new leisure service (from January 2018) • Implementing a new range of health promotion and prevention activities through the new leisure service (from January 2018) <p>7. Increase screening uptake</p> <ul style="list-style-type: none"> • Sending GP endorsed text reminders to encourage uptake of screening • Learning from NHS England funded Imperial University survey to identify the barriers to attendance of cervical screening in London and funded opportunistic cervical screening in sexual health clinics for women who were overdue screening • Replacing in 2018/19, faecal occult blood testing with faecal immunochemical testing within the bowel screening programme across England. Pilot studies have shown that uptake will increase by up to 7% • Carrying out promotion of bowel cancer screening
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Theme	Care when needed
Objectives	Providing care and support to facilitate good outcomes and improve user experience
Areas of focus	<p>8. Care closer to home</p> <p>The CCG and Council have establishing executive support to a programme of work designed to radically enhance the delivery of appropriate Care Closer to Home.</p> <p>In order to develop a new Care Closer to Home approach a key requirement is to create a major shift of balance from avoidable hospital admissions to integrated health, social care and third sector models delivered in community and primary care settings.</p> <p>The implementation of the care closer to home vision will be overseen by the JCEG, reporting into the HWB, CCG governing body and the STP programme board.</p> <p>9. Carers - delivering the Carer and Young Carer Strategy</p>

	<ul style="list-style-type: none"> • Focus on identifying unknown carers • Improving the health of carers (especially young carers)
What did we achieve?	<p>8. Care closer to home Barnet CCG and LB Barnet are working closely with the Barnet GP Federation and provider organisations to deliver the Care Closer to Home programme in Barnet. The programme has four key elements:</p> <ul style="list-style-type: none"> • Developed and improved access to core general practice from 8am to 8pm. This service is now operational. • Care delivered across clinically-led partnerships known as Care Closer to Home Integrated Networks (CHINs). The first pilot area (Burnt Oak) has been selected and has identified its priority areas as Diabetes and paediatric urgent access. This CHIN should commence work in early 2018. T • he Care Closer to Home Programme Board has agreed a vision, development approach, development process and programme delivery plan for the rollout of CHINs across Barnet, including wider health and social care services. • Quality Improvement Support Teams (QISTs) will work with general practice to improve quality, reduce variation and build resilience through tailored information and analytics. The Barnet GP Federation and CLCH have been engaged to provide this service to the Burnt Oak CHIN. • In close collaboration with the local community and voluntary sector, deliver prevention and supported self-management services that help people stay healthy, strong, safe and connected as contributing citizens. The Programme Board has agreed that it is a priority for CHINs to draw effectively upon the many preventative services for children and adults that are available in Barnet. • Building on the community centred practice initiative and the extension of Ageing Well into a full Local Area Coordination model, a social prescribing offer is planned for incorporation into the developing CHINs <p>9. Carers</p> <ul style="list-style-type: none"> • Good progress has been made on the Carers and Young Carers Strategy Action Plan • The contract for integrated support services for carers and young carers continues to be delivered and is performing well.

	<ul style="list-style-type: none"> • LBB continues to be a member of the Employers for Carers Scheme (membership no ~EFC 1588) which allows all LBB employees and all SMEs in the borough (businesses which employ less than 250 staff) to access resources such as: <ul style="list-style-type: none"> ○ Supporting working carers- a carers guide ○ Supporting carers in your workforce- an employer's guide ○ Supporting carers in your workforce- a manager's guide • The council established a Specialist Dementia Support Service for adults with dementia and their carers, focused on helping to improve their health and wellbeing, maximise their independence and help sustain carers in their caring role. • The council supported Carers Week 2017 with our Lead Provider for Carers and Young Carers Support Services to help support raising awareness of and championing carers, highlighting the challenges that they face and the contribution they make to families and communities and promoting local support available to carers • The Council introduced dementia friendly swimming in the borough • The council provides monthly training to staff to identification of carers and young carers, carers assessments, support planning and understanding the carers support offer • Family Services commissioned specialist training for their staff on supporting young carers • The council's carers web pages have been refreshed to improve how carers can access information , advice and support
Where are the gaps?	<p>8. Care closer to home – continued implementation of the programme, at pace.</p> <p>9. Carers</p> <ul style="list-style-type: none"> • Further work needs to occur in health settings to promote identification of unknown carers (and young carers) • Further work needs to occur in health settings to promote health support available to carers in the borough (e.g. Free health checks and flu vaccinations)
What remains a priority? (suggested areas of focus up to November 2018)	<p>8. Care closer to home</p> <ul style="list-style-type: none"> • Mobilisation of CHIN and QIST teams across Barnet • Establishing an overarching partnership between commissioners and providers to support the roll-out of CHINs

	<ul style="list-style-type: none"> • Broadening the range of services that are available through CHINs beyond the initial scope of Primary Care and Community Services. Implementing prevention, social prescribing and information and signposting services linked to each CHIN • Developing an emergency care attendance prevention pathway for CYP within CHINs <p>9. Carers</p> <ul style="list-style-type: none"> • Continuing to focus on identifying unknown carers and young carers • Continuing to improve the health of carers (especially young carers) • Continuing to promote Employers for carers so that more Barnet carers can access and retain employment • Providing advice and information to carers through the dedicated carers service • Providing specialist support for carers of people with dementia
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